

## SPRINGS BROOK PARK Registration Form: page 1 of 2

Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip \_\_\_\_\_

*If registering for swim lessons, please indicate parent work & emergency phone #'s :*

work /cell# (mother) \_\_\_\_\_ work/cell # (father) \_\_\_\_\_

Emergency name and # other than parent \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

- |                               |                        |                            |
|-------------------------------|------------------------|----------------------------|
| <b><u>FULL MEMBERSHIP</u></b> | <b><u>Resident</u></b> | <b><u>Non-Resident</u></b> |
| Individual:                   | \$85                   | \$110                      |
| Family:                       | \$225                  | \$275                      |
- **Bedford Middle School or High School Student**: \$25
  - **Senior Citizen (65+)**: Free (must register in advance or show ID with date of birth at Park)
  - Beach Yoga: \$70 \$75

<b><u>LESSONS:</u></b>	<b><u>Fee with SBP Membership</u></b>	<b><u>Fee without SBP Membership</u></b>
Day Session I	\$45	\$70
Day Sessions II, III	\$50	\$75
Evening Session	\$50	\$75
Parent/Tot class	\$35	\$45

### MEMBERSHIP SUMMER 2016

**List family members (immediate family only - father, mother, children living at same address)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Membership Fee: \_\_\_\_\_

### Payment Information

Membership Fee: \$ \_\_\_\_\_ Swim Program Fee: \$ \_\_\_\_\_ Contribution to Neighbors Fund: \$ \_\_\_\_\_

**TOTAL FEE DUE: \$** \_\_\_\_\_

**Payment Type:** ☐ Cash ☐ Check ☐ Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I, the undersigned [mother/father/legal guardian] of \_\_\_\_\_, a minor, do hereby consent to his/her participation in the swim program, run by the Bedford Recreation Department and do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents from any and all actions, causes of action, and claims, including, but not limited to negligence, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage occurring while participating in any part of the swim program, wherever it occurs, which I may now or hereafter have as the parent of said minor, and also any and all claims, actions, causes of actions, including, but not limited to negligence which said minor has or hereafter may acquire, either before he/she or after he/she has reached his/her majority resulting from his/her participation in the Town of Bedford Recreation Department's swim program.

I consent to the use of my minor child(ren)'s/my own name, picture and/or likeness in any broadcast, photographs, motion pictures, recordings, or other accounts of any program(s), operations, activities, projects, events or tours organized, operated and/or sponsored by the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents, unless I notify the Town of Bedford Recreation Department in writing that I withdraw my consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (parental if participant is under 18 years of age)

## **SPRING BROOK PARK REGISTRATION FORM (Page 2 of 2)**

### **SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 1**

Student's Name: \_\_\_\_\_ Sex: M / F Birthdate \_\_\_\_\_ AGE \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Evening: - Session #: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 1: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 2: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 3: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Parent/Tot Lesson: Option 1 (July 6-July 13) \_\_\_\_\_ Option 2 (July 20-27) \_\_\_\_\_

### **SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 2**

Student's Name: \_\_\_\_\_ Sex: M / F Birthdate \_\_\_\_\_ AGE \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Evening: - Session #: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 1: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 2: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 3: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Parent/Tot Lesson: Option 1 (July 6-July 13) \_\_\_\_\_ Option 2 (July 20-27) \_\_\_\_\_

### **SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 3**

Student's Name: \_\_\_\_\_ Sex: M / F Birthdate \_\_\_\_\_ AGE \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Evening: - Session #: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 1: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 2: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 3: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Parent/Tot Lesson: Option 1 (July 6-July 13) \_\_\_\_\_ Option 2 (July 20-27) \_\_\_\_\_

### **SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 4**

Student's Name: \_\_\_\_\_ Sex: M / F Birthdate \_\_\_\_\_ AGE \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Evening: - Session #: \_\_\_\_\_ Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 1: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 2: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Session 3: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_

Parent/Tot Lesson: Option 1 (July 6-July 13) \_\_\_\_\_ Option 2 (July 20-27) \_\_\_\_\_